

<i>SERFF Tracking Number:</i>	<i>BBLB-125822879</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Catholic Slovak Ladies Association of the</i>	<i>State Tracking Number:</i>	<i>40297</i>
	<i>United States of America</i>		
<i>Company Tracking Number:</i>	<i>FCSLA/01WL05</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single</i>
			<i>Life</i>
<i>Product Name:</i>	<i>01-WL-05</i>		
<i>Project Name/Number:</i>	<i>FCSLA/01WL05/FCSLA/01WL05</i>		

## Filing at a Glance

Company: First Catholic Slovak Ladies Association of the United States of America

Product Name: 01-WL-05	SERFF Tr Num: BBLB-125822879	State: ArkansasLH
TOI: L07I Individual Life - Whole	SERFF Status: Closed	State Tr Num: 40297
Sub-TOI: L07I.101 Fixed/Indeterminate	Co Tr Num: FCSLA/01WL05	State Status: Approved-Closed
Premium - Single Life		
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Beth Pestka, Virginia	Disposition Date: 10/06/2008
	Kiddle	
	Date Submitted: 09/18/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: FCSLA/01WL05	Status of Filing in Domicile:
Project Number: FCSLA/01WL05	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/06/2008	Explanation for Other Group Market Type:
	State Status Changed: 10/06/2008
Deemer Date:	Corresponding Filing Tracking Number:
	FCSLA/01WL05

Filing Description:

First Catholic Slovak Ladies Association of the United States of America

NAIC #56332, FEIN #34-0220540

Forms: 01-WL-05, Whole Life Insurance Contract

SERFF Tracking Number: BBLB-125822879 State: Arkansas  
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40297  
Company Tracking Number: FCSLA/01WL05  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: 01-WL-05  
Project Name/Number: FCSLA/01WL05/FCSLA/01WL05

01-WL-05 S, Ordinary Life Schedule Page 3  
01-WL-05NF, Ordinary Life Nonforfeiture Values Page 4  
01-10PL-05 S, 10 Pay Life Schedule Page 3  
01-10PL-05NF, 10 Pay Life Nonforfeiture Values Page 4  
01-20PL-05 S, 20 Pay Life Schedule Page 3  
01-20PL-05NF, 20 Pay Life Nonforfeiture Values Page 4  
01-LP85-05 S, Life Paid Up at 85 Schedule Page 3  
01-LP85-05NF, Life Paid Up at 85 Nonforfeiture Values Page 4

The filing of the referenced forms is being made as a result of the recent approval of admission to the state of Arkansas. In addition to the referenced Forms, other Insurance and Annuity Forms are being submitted for review and approval in separate submissions.

The Forms are in final print as will be used for issue.

The Forms have been approved by the State of Domicile (Ohio).

The Whole Life Insurance Contract, Form 01-WL-05, may be issued as:

- (1) ordinary life with premiums payable to age 121 and issued at ages 0-95, with Insert Schedule page form 01-WL-05 S and Insert Nonforfeiture Values page 4 form 01-WL-05NF (pages 3 and 4 are in the contract form); or
- (2) ten pay life with premium payable for 10 years and issued at ages 0-95, with Insert Schedule page form 01-10PL-05 S and Insert Nonforfeiture Values page 4 form 01-10PL-05NF (pages 3 and 4 are enclosed separately from the contract form); or
- (3) twenty pay life with premium payable for 20 years and issued at ages 0-75, with Insert Schedule page form 01-20PL-05 S and Insert Nonforfeiture Values page 4 form 01-20PL-05NF (pages 3 and 4 are enclosed separate from the contract form); or
- (4 ) life paid up at 85 with premium payable to age 85 and issued at ages 0-75, with Insert Schedule page form 01-LP85-05 S and Insert Nonforfeiture Values page 4 form 01-LP85-05NF (pages 3 and 4 are enclosed separate from the contract form).

SERFF Tracking Number: BBLB-125822879 State: Arkansas  
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Product Name: 01-WL-05  
Project Name/Number: FCSLA/01WL05/FCSLA/01WL05

Premiums for the ordinary life, ten pay life, twenty pay life, and life paid up at 85 plans are level and guaranteed.

Form App-2005-AR is the life insurance application that will be used with all permanent life and term insurance policy forms. App-2005-AR has been submitted with Single Premium Whole Life Insurance Form 01-SPWL-05 for review and approval, in a separate filing.

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The form will not be illustrated immediately. When the Society is ready to illustrate the form, the necessary illustration material will be filed.

All of the forms will be sold on an individual basis to members of the Society by agents for the Society. The agents will be licensed as required. There will be no restriction placed on sale of the contract forms by any agent. Commissions will be paid on premiums received in accordance with the Society's agreements with its agents.

The Society's current underwriting rules and reinsurer, as needed, will be used for the permanent life and term insurance.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - bab01)

Jerry Alexander, FLMI jerry@bandbco.com  
916 Sherwood Drive (888) 278-2310 [Phone]  
Lake Bluff, IL 60044 (847) 295-6206[FAX]

### Filing Company Information

SERFF Tracking Number: BBLB-125822879 State: Arkansas  
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40297  
Company Tracking Number: FCSLA/01WL05  
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life

Product Name: 01-WL-05

Project Name/Number: FCSLA/01WL05/FCSLA/01WL05

First Catholic Slovak Ladies Association of the United States of America

24950 Chagrin Blvd

Beachwood, OH 44122  
(800) 464-4642 ext. [Phone]

CoCode: 56332

Group Code: -99

Group Name:  
FEIN Number: 34-0220540  
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State of Domicile: Ohio

Company Type: Fraternal Benefit Society

State ID Number:

SERFF Tracking Number: BBLB-125822879 State: Arkansas  
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Product Name: 01-WL-05  
Project Name/Number: FCSLA/01WL05/FCSLA/01WL05

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Catholic Slovak Ladies Association of the United States of America	\$50.00	09/18/2008	22587909

SERFF Tracking Number: BBLB-125822879 State: Arkansas

Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40297

Company Tracking Number: FCSLA/01WL05

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 01-WL-05

Project Name/Number: FCSLA/01WL05/FCSLA/01WL05

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/06/2008	10/06/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/30/2008	09/30/2008	Beth Pestka	10/06/2008	10/06/2008

<i>SERFF Tracking Number:</i>	<i>BBLB-125822879</i>	<i>State:</i>	<i>Arkansas</i>
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			<i>Life</i>
<i>Product Name:</i>	<i>01-WL-05</i>		
<i>Project Name/Number:</i>	<i>FCSLA/01WL05/FCSLA/01WL05</i>		

## Disposition

Disposition Date: 10/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BBLB-125822879 State: Arkansas

Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40297

Company Tracking Number: FCSLA/01WL05

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 01-WL-05

Project Name/Number: FCSLA/01WL05/FCSLA/01WL05

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Authorization		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Required Certifications		Yes
Form	Whole Life Insurance Contract		Yes
Form	10 Pay Life Nonforfeiture Values Page 4		Yes
Form	20 Pay Life Schedule Page 3		Yes
Form	20 Pay Life Nonforfeiture Values Page 4		Yes
Form	Life Paid Up at 85 Schedule Page 3		Yes
Form	Life Paid Up at 85 Nonforfeiture Values Page 4		Yes



SERFF Tracking Number: BBLB-125822879 State: Arkansas  
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Product Name: 01-WL-05  
Project Name/Number: FCSLA/01WL05/FCSLA/01WL05

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/30/2008  
Submitted Date 09/30/2008  
Respond By Date  
Dear Jerry Alexander,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Certification/Notice (Supporting Document)

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/06/2008  
Submitted Date 10/06/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: Enclosed is the requested assurance regarding Arkansas Code 23-79-138 and Certification that the submission meets the requirements of Rule 19 s 10B and all applicable requirements of the Department.

SERFF Tracking Number: BBLB-125822879 State: Arkansas  
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Product Name: 01-WL-05  
Project Name/Number: FCSLA/01WL05/FCSLA/01WL05

### **Related Objection 1**

Applies To:

- Certification/Notice (Supporting Document)

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### **Changed Items:**

#### **Supporting Document Schedule Item Changes**

Satisfied -Name: Required Certifications

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Beth Pestka, Virginia Kiddle

SERFF Tracking Number: BBLB-125822879 State: Arkansas

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Company Tracking Number: FCSLA/01WL05

TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life

Product Name: 01-WL-05

Project Name/Number: FCSLA/01WL05/FCSLA/01WL05

## Form Schedule

Lead Form Number: 01-WL-05

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	01-WL-05	Policy/Cont Whole Life Insurance Initial ract/Fratern Contract al Certificate			65	FCSLA 01-WL-05.pdf
	01-10PL-05NF	Policy/Cont 10 Pay Life ract/Fratern Nonforfeiture Values al Page 4 Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			01-10PL-05NF.pdf
	01-20PL-05S	Policy/Cont 20 Pay Life Schedule Initial ract/Fratern Page 3 al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				01-20PL-05S.pdf
	01-20PL-05NF	Policy/Cont 20 Pay Life ract/Fratern Nonforfeiture Values al Page 4 Certificate: Amendmen t, Insert Page, Endorseme	Initial			01-20PL-05NF.pdf

SERFF Tracking Number: BBLB-125822879 State: Arkansas  
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Product Name: 01-WL-05  
Project Name/Number: FCSLA/01WL05/FCSLA/01WL05  
nt or Rider

01-LP85-05	Policy/Cont Life Paid Up at 85	Initial	01-LP85-05
S	ract/Fratern Schedule Page 3		S.pdf
	al		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
01-LP85-05NF	Policy/Cont Life Paid Up at 85	Initial	01-LP85-05NF
	ract/Fratern Nonforfeiture Values		.pdf
	al		
	Page 4		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		



First **Catholic** Slovak  
Ladies **Association**  
of the United States of America



**A Fraternal Benefit Society – Since 1892**

24950 Chagrin Boulevard, Beachwood, Ohio 44122  
Telephone: 216/464-8015

We, The First Catholic Slovak Ladies Association, will pay a Death Benefit to the Beneficiary upon Our receipt of due proof that the death of the Insured occurred while this contract was in force. Payment of death benefit will be as provided in this contract.

Signed for The First Catholic Slovak Ladies Association of the United States of America, at its Home Office, on the contract Date of Issue, by:

*Irene J. Drotleff*

Secretary

*Mary Ann Johaneč*

President

**LEGAL CONTRACT.** This contract is a legal contract between You and Us. The rights and obligations of each are set forth in it. We have issued this contract in consideration of: (1) the Application; and (2) payment of its first premium.

**READ YOUR CONTRACT CAREFULLY.** A Table of Contents to the contents of this contract is included on page 2. We have issued this contract in the belief that the information shown in the Application is correct and complete. The above telephone number may be used to obtain:

1. information about this contract; or
2. assistance in resolving any complaint.

**RIGHT TO CANCEL.** We want You to be satisfied with Your contract. If not, You may return it for cancellation before midnight of the 20<sup>th</sup> day from the date of its receipt. You may return this contract to:

1. Us, at the address shown above; or
2. Our authorized agent.

Return by mail is effective on being postmarked, properly addressed, with prepaid postage. We will return all amounts paid for this contract in not more than 10 days from the date of its receipt by Us. Cancellation will void this contract as if it had not been issued.

**WHOLE LIFE  
INSURANCE CONTRACT**

Death Benefit in the event of the death of the Insured while this contract is in force.  
Schedule of Benefits and Premiums and Maturity Date on page 3.  
Participating.

Death Benefit.....	5	Nonforfeiture Values .....	4
Definitions .....	2	Premiums .....	6
Dividends.....	5	Rights, Privileges and Responsibilities....	10
Loans .....	8	Schedule .....	3
Nonforfeiture .....	6	The Contract .....	9

A copy of the Application and any Amendment, Endorsement or Rider are attached to page 11.

## DEFINITIONS

**AGE.** The Insured's Age on the Date of Issue is shown on page 3. Age, during any contract year after the first, is the Insured's age nearest birthday, on the Anniversary of the date of issue of the contract.

**ANNIVERSARY.** The same month and day, in each year after the first, as that for the Date of Issue.

**APPLICATION.** The forms We received that resulted in the issue of this contract.

**BENEFICIARY.** On the Date of Issue, the Beneficiary will be as stated in the Application. You may change the Beneficiary as provided in this contract. If no Beneficiary is named or surviving, the Insured's estate will be the Beneficiary.

**DATE OF ISSUE.** The effective date for this contract. Contract years and Anniversaries are measured from this date.

**DEBT, LOAN.** Any unpaid or outstanding contract Loan including interest.

**INSURED.** The person so named in the Application and on page 3.

**NOTICE.** A written form which: (1) You have dated and signed; and (2) We have received.

**RIDER.** A form, captioned as such, which: (1) may be attached to this contract; and (2) provides insurance benefits for which a premium is charged.

**WE, US, OUR.** The First Catholic Slovak Ladies Association of the United States of America, a Fraternal Benefit Society, which: (1) is organized under the laws of the State of Ohio; (2) has no capital stock and is not for profit; (3) has a representative form of government; and, (4) functions for the benefit of its members and their beneficiaries.

**YOU, YOUR.** The owner of this contract. The owner may exercise the rights and options in this contract; unless, such rights or options have been reserved by assignment. On the Date of Issue, the owner will be as shown in the Application. If no owner is shown, the Insured will be the owner. You may change the owner as provided in this contract.

## SCHEDULE

**BENEFITS AND PREMIUMS.** The premium for each benefit listed is payable from the Date of Issue: (1) for the number of years shown; (2) to any date shown; or (3) to the Anniversary nearest the Insured's attainment of any age shown.

BENEFIT	AMOUNT	MODE PREMIUM	PAYABLE
Whole Life Insurance	\$10,000.00	\$121.30	Annually

## ADDITIONAL BENEFITS

FORM NO.	DESCRIPTION OF BENEFIT	ANNUAL CHARGE	YEARS PAYABLE
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**BENEFICIARY:** Jane Doe

**INSURED:** John Doe

**CONTRACT NUMBER:** Specimen

**AGE/SEX:** 35/Male

**FACE AMOUNT:** \$10,000.00

**PREMIUM CLASS:** Non Tobacco

**DATE OF ISSUE:** January 15, 2007

**PREMIUM MODE:** Annual

**MATURITY DATE:** 1/15/2093      Provided the Insured is then living, We will pay, in one sum: the then Face Amount; plus, any then dividend additions or accumulation; less, any Debt.

**BRANCH NO.:** XXXXXX

**BRANCH LOCATION:** XXXXXX, XX



## NONFORFEITURE VALUES

The values in the following table are: (1) for each \$1,000 of Face Amount; and (2) at the end of years from the Date of Issue or, if an age is shown, on the Anniversary nearest the birthday on which the Insured attains the age. The values assume that all premiums due in the year have been paid. At any time during a contract year, values will be determined with due allowance for premiums paid or the time elapsed in the year. The values are exclusive of any dividends or Debt. The nonforfeiture factor (FACTOR) is for each \$1,000 of Face Amount. Values for years or ages not shown will be provided on request.

MORTALITY TABLE: 2001 CSO Mortality Tables

ISSUE AGE 26					ISSUE AGE 27					ISSUE AGE 28					ISSUE AGE 29					ISSUE AGE 30				
YR	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS
1	6	48	6	266	6	46	6	276	6	44	6	267	7	50	7	295	7	48	7	217				
2	11	84	13	4	12	88	13	264	12	85	13	81	13	89	13	208	14	92	13	267				
3	17	125	18	138	18	128	18	141	19	130	18	111	20	131	18	49	21	133	17	321				
4	23	163	22	80	24	164	21	323	25	164	21	169	27	170	21	196	28	170	20	355				
5	29	197	24	335	31	203	24	286	32	202	24	27	34	206	23	281	35	204	22	360				
6	36	236	27	55	37	233	26	113	39	237	25	316	41	239	25	129	43	241	24	289				
7	42	265	28	134	45	273	28	54	47	274	27	177	49	275	26	287	52	281	26	127				
8	50	303	29	306	52	303	29	29	55	308	28	207	57	308	27	270	60	311	27	54				
9	57	332	30	198	60	336	29	346	63	340	29	110	66	342	28	225	69	344	27	331				
10	65	364	31	93	68	367	30	198	71	368	29	290	75	374	29	88	78	375	28	158				
11	73	394	31	272	76	394	30	343	80	399	30	119	84	403	29	245	88	406	28	358				
12	81	420	32	22	85	424	31	141	89	427	30	247	93	430	29	341	98	436	29	125				
13	90	449	32	153	94	451	31	240	99	457	31	18	103	458	30	81	108	462	29	197				
14	99	475	32	221	104	480	31	344	108	480	31	26	113	483	30	125	119	490	29	270				
15	108	499	32	233	113	502	31	328	119	509	31	104	124	511	30	177	129	512	29	244				
16	118	524	32	259	123	526	31	330	129	531	31	80	135	535	30	184	141	539	29	280				
17	128	547	32	243	134	552	31	345	140	555	31	71	146	558	30	154	152	560	29	230				
18	138	568	32	189	144	571	31	271	151	577	31	27	157	578	30	91	164	582	29	191				
19	149	591	32	154	155	592	31	216	162	596	30	315	169	600	30	40	176	602	29	116				
20	160	611	32	85	167	615	31	173	174	617	30	251	181	619	29	317	189	623	29	45				
AGE																								
60	351	817	26	145	348	810	26	60	344	800	25	314	340	791	25	207	336	782	25	100				
65	434	864	23	257	431	858	23	180	428	852	23	103	424	844	23	0	421	838	22	295				
70	520	900	20	304	517	895	20	231	515	891	20	182	512	886	20	110	509	881	20	37				
121	1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--					
	YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR						
	1-95	6.12590			1-94	6.38913			1-93	6.664861-92			6.95759	1-91			7.26851							

ISSUE AGE 31					ISSUE AGE 32					ISSUE AGE 33					ISSUE AGE 34					ISSUE AGE 35				
YR	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS
1	7	46	7	120	8	51	7	360	8	49	7	220	8	47	7	74	9	51	7	194				
2	14	89	13	9	15	91	13	2	16	94	12	324	16	90	12	43	17	92	11	346				
3	22	134	17	206	23	134	17	70	24	135	16	278	25	135	16	109	26	135	15	293				
4	29	169	20	127	31	174	20	50	32	173	19	160	34	177	19	40	35	175	18	135				
5	37	208	22	207	39	211	22	40	41	213	21	217	43	215	21	20	45	216	20	173				
6	46	248	24	187	48	249	23	311	50	250	23	61	52	250	22	166	55	254	21	358				
7	54	280	25	209	57	285	25	17	59	283	24	82	62	287	23	227	65	289	22	364				
8	63	315	26	188	66	317	25	310	69	319	25	56	72	320	24	158	76	325	23	325				
9	72	346	27	60	76	351	26	220	79	351	25	296	83	355	25	70	87	358	24	200				
10	82	379	27	294	86	382	27	52	90	385	26	166	94	387	25	273	98	389	25	10				
11	92	409	28	94	96	411	27	187	101	416	26	335	105	417	26	49	109	417	25	125				
12	102	436	28	198	107	441	27	325	112	444	27	76	116	443	26	132	121	446	25	235				
13	113	465	28	303	118	468	28	36	123	470	27	125	128	471	26	209	134	476	25	334				
14	124	492	28	351	129	493	28	60	135	497	27	176	140	497	26	238	146	500	25	335				
15	135	516	28	355	141	519	28	91	147	522	27	183	153	523	26	265	160	528	26	11				
16	147	541	29	2	153	543	28	81	159	544	27	149	166	547	26	248	173	550	25	337				
17	159	564	28	342	165	564	28	32	172	567	27	119	180	572	26	233	187	573	25	300				
18	171	585	28	278	178	587	27	353	186	591	27	90	194	595	26	181	202	597	25	265				
19	184	607	28	219	192	610	27	310	200	613	27	26	208	615	26	99	217	619	25	199				
20	197	626	28	127	205	628	27	199	214	633	26	297	223	636	26	22	232	639	25	107				
AGE																								
60	332	773	24	359	328	763	24	257	323	752	24	130	318	740	24	3	312	726	23	221				
65	417	830	22	201	413	823	22	108	409	815	22	14	404	805	21	270	400	797	21	184				
70	506	876	19	334	502	869	19	249	499	864	19	186	495	857	19	101	491	850	19	17				
121	1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--					
	YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR						
	1-90	7.59837			1-89	7.94854			1-88	8.319951-87			8.71257	1-86			9.12855							

### Ordinary Life

## DEATH BENEFIT

**PAYMENT.** We will pay the Death Benefit in one lump sum payment, from Our Home Office, in not more than 30 days from the date We receive:

1. due proof of the death of the Insured while this contract was in force; and
2. a statement of claim from the Beneficiary; and
3. this contract.

The amount paid will be:

1. the Face Amount then in force; plus
2. the amount of any life insurance benefit provided for the Insured by a Rider; plus
3. any dividend additions or accumulation; less
4. any Debt.

During the continuance of the premium paying period, We will add a pro-rata refund of any premium paid beyond the contract month in which death occurs. Should death occur during the Grace Period for payment of a due premium, We will deduct premium for a period of one month from the Death Benefit for: (1) the basic whole life insurance benefit provided by this contract; and (2) any included Rider which provides life insurance benefits for the Insured.

Payment will be in equal shares when the designation of Beneficiary does not state the share of two or more Beneficiaries. To the extent permitted by law, payment will not be subject to the claims of creditors.

**INTEREST.** We will add interest, at the rate We then pay, to the Death Benefit from the date of the Insured's death to the date of payment. The rate will not be less than 4.5% per year or such higher rate required by state law.

**SUICIDE.** Should the death of the Insured result from suicide, within a period of two years from the Date of Issue, the Death Benefit will be:

1. the sum of the premiums paid for this contract, less
2. any dividend paid in cash; less
3. any Debt.

**OPTION.** In lieu of a single lump sum payment at death of the Insured, the Beneficiary may select from other payment options offered by Us.

## DIVIDENDS

Each year, we will review Our divisible surplus to determine the share, if any, to credit to this contract as a dividend. Any dividend will be credited on the Anniversary that first follows the end of the contract year of determination; provided, any premiums due in that year have been paid.

You, by Notice, may choose or change one of the following options. Any change will apply only to dividends credited after the Notice date. If You do not choose an option within 60 days from the date We send notice of dividend, the dividend will be credited under option 3.

**Option 1 – Cash.** The dividend will be paid to You in cash.

**Option 2 – Premium Reduction.** The dividend will be applied to pay or reduce the premium due on or first following the Anniversary on which it was credited. Any excess will be paid to You in cash. Any premium balance must be paid prior to the end of the premium Grace Period. If not paid, the dividend will be paid to You in cash.

**Option 3 – Additions.** The dividend will be applied as a net single premium to buy participating, paid-up, whole life insurance for the Insured. The amount of paid-up insurance will be determined: (1) at the sex and then Age of the Insured; (2) at the Premium Class shown on page 3; and (3) using Our then table of net single premium rates. The cash value of the additions, at any time, will not be less than the greater of: (1) the then net single premium for the additions; or (2) the sum of the dividends used to purchase the additions.

**Option 4 – Accumulate.** We will place the dividend on deposit at annual, compound, interest. The interest rate will not be less than 3.0% per year. Interest will be credited each year on the Anniversary date.

You may withdraw all or part of the cash value of any additions or accumulation at any time. Any portion of the cash value used as security for Debt may not be withdrawn; however, if You so request, it may be applied to reduce the Debt. Interest, from the immediately prior Anniversary to the withdrawal date, will be added to amounts withdrawn at a rate of not less than 3.0% per year.

## **PREMIUMS**

The first premium is due on the Date of Issue. Each premium after the first is due on the first day of each premium period thereafter. We, on request, will provide a receipt for each premium paid. The receipt will be signed by one of Our executive officers, and must be signed by the person receiving the payment. Premiums may be paid:

1. at Our Home Office; or
2. to Our authorized representative in exchange for a receipt.

**GRACE PERIOD.** We will provide a Grace Period of 31 days for the payment of each due premium after the first. This contract and any attached Rider will continue in force during a Grace Period. In the event of the death of the Insured during a Grace Period, We will deduct premium for a period of one month from the Death Benefit. The amount deducted will include premium for: (1) the basic whole life insurance benefit provided by this contract; and (2) any attached Rider which provides a life insurance benefit for the Insured.

At the end of a Grace Period, this contract will terminate as of the premium due date; except, as may be provided in its nonforfeiture provisions.

**MODE CHANGE.** You may change the mode for premium payment to any mode available at the time of Your request.

**REINSTATEMENT.** In the event of the lapse or continuation of this contract under a nonforfeiture option. We will reinstate this contract:

1. during the lifetime of the Insured;
2. during a period of 5 years from the date of the first past due premium;
3. upon receipt of satisfactory proof of the insurability of the Insured;
4. upon payment of all past due premiums with compound interest on each at a rate of 6.0% per year from the date due to the reinstatement date; and
5. upon payment or reinstatement of any Debt, at the time of lapse or continuation, with compound interest at a rate of 6.0% per year from the date of the first past due premium to the date of reinstatement.

We will not reinstate this contract after it has been surrendered for its Cash Value.

**SUSPENSION OR EXPULSION.** Should We suspend or expel the Insured from membership, You may continue this contract in force; except, when suspension or expulsion results from:

1. non-payment of a due premium; or
2. Our termination of this contract, during its contestable period, for a material misstatement in the Application.

**AUTOMATIC PREMIUM LOAN OPTION.** This option, if elected, will be effective for premiums due in and after the contract year in which a Loan Value is first available. At any time, by Notice, you may elect or terminate this option.

Any due premium not paid by the end of its Grace Period will be paid automatically by Loan. The premium due date will be the Loan date. Premiums will be so paid provided the Loan Value is sufficient to provide one day's insurance at the rate for this contract. Such Loans will be considered and treated the same as any other Loan.

We may change the premium mode to annual on any Anniversary when: (1) the then premium mode is other than annual; and (2) the then due premium is to be paid by this option.

## **NONFORFEITURE**

You may choose one of the options which follow:

1. when a due premium is not paid by the end of its Grace Period;
2. this contract then has a Cash Value; and
3. by Notice, within 60 days from the date of the first past due premium.

Insurance continued under an option will not include any benefit provided by a Rider unless nonforfeiture benefits are specifically provided by the Rider.

**OPTION A – CASH VALUE.** We will pay the then Cash Value of this contract to You. Return of this contract is required. The Cash Value will be:

1. the Cash Value as determined from the table on page 4, on the date of the first past due premium; plus
2. the then cash value of any dividend additions or accumulation; less
3. any Debt.

In the 31 days after an Anniversary or premium due date, the Cash Value, after adjustment for any Loan or dividends withdrawn after that day, will be not less than it was on that anniversary day.

At any time while this contract is in full force and effect, you may surrender this contract for its then Cash Value. The Cash Value will be:

1. the cash value, as determined from the table on page 4, at the end of the contract month in which We receive Your surrender request and this contract; plus
2. the then cash value of any dividend additions or accumulation; plus
3. a pro-rata refund of any due premium paid beyond the end of such contract month; less
4. any Debt.

We may defer payment for a period not to exceed 6 months from the date We receive Your request. If payment is deferred for more than 10 days, We will add interest to the deferred amount at a rate of not less than 4.5% per year or such higher rate required by state law.

**OPTION B – EXTENDED TERM INSURANCE.** This option is not available when:

1. the Premium Class shown on page 3 is other than Preferred or Standard; or
2. the amount of paid-up insurance under Option C is equal to or greater than the amount of insurance under this option.

We will continue this contract as nonparticipating extended term life insurance. The amount will be:

1. the Face Amount on the date of the first past due premium; plus
2. the then amount of any dividend additions or accumulation; less
3. any Debt.

The period of extended term life insurance will:

1. begin on the date of the first past due premium; and
2. be as provided by the Cash Value when applied as a net single premium: (1) at the Insured's sex and then Age; and (2) using Our then table of such net single premium rates.

You may surrender the extended term life insurance for its then cash value at any time during the period. The cash value will be the net single premium for the unexpired benefits. The table used in determining the period will be used to determine the cash value. We will provide a table of cash values on request. In the 31 days after an Anniversary, the cash value will be not less than it was on that anniversary day. This contract will terminate without value at the end of the period.

**OPTION C – PAID-UP INSURANCE.** We will continue this contract as participating, paid-up whole life insurance:

1. from the date of the first past due premium; and
2. payable as provided in this contract.

The amount of paid-up whole life insurance will be as provided by the Cash Value on the date of the first past due premium, when applied as a net single premium: (1) at the Insured's sex and then Age; and (2) using Our table of such net single premium rates. Any Cash Value in excess of the amount required to continue this contract as paid-up for its then Face Amount will be applied, as a dividend, to purchase a dividend additions to the paid-up insurance.

You may make a Loan, as provided in this contract, using the paid-up insurance as the sole security for the Loan. The Loan Value will be:

1. the net single premium for the paid-up insurance on the Anniversary which first follows the Loan date; plus
2. the cash value of any then dividend additions or accumulation; less
3. an amount equal to the Loan Interest that will be due on that Anniversary.



You may surrender the paid-up insurance for its then cash value at any time. The cash value will be:

1. the then net single premium for the unexpired benefit determined from the table used to determine the paid-up amount; plus
2. the cash value of any dividend additions or accumulation; less
3. any Debt.

We will provide a table of cash values on request. The cash value in the 31 days following an Anniversary, after adjustment for any Loan or dividends withdrawn after that day, will be not less than it was on that anniversary day.

**AUTOMATIC OPTION.** If You do not choose an option within the 60 day period provided, the automatic option will be:

1. Option B when: (1) the Premium Class shown on page 3 is either Preferred or Standard; and (2) the amount of insurance under this option is greater than that for Option C; or
2. Option C when: (1) the Premium Class shown on page 3 is other than Preferred or Standard; or (2) the amount of insurance under this option is equal to or greater than that for Option B.

**ACTUARIAL BASIS.** Nonforfeiture values are based on: (1) the mortality table and interest rate shown on page 4; (2) age at near birthday; and (3) continuous functions. On any Anniversary, the cash value of the basic whole life insurance benefit is equal to: (1) the present value of the future benefits; less (2) the present value of future nonforfeiture factors. A statement including the basis for calculations for this contract has been filed in the State where this contract was delivered. The nonforfeiture values are not less than as may be required by law in that State.

## LOANS

This contract will be the sole security for a Loan. You may make a Loan at any time: (1) while this contract is in full force and effect; (2) after this contract first has a Loan Value; and (3) by assignment of this contract to Us. A Loan may not exceed the contract Loan Value. Any prior Debt will be included in and made a part of a new Loan.

**LOAN VALUE.** The Loan Value will be:

1. the cash value of this contract as determined from the table on page 4, as of its premium paid-to date but not beyond the next anniversary; plus
2. the cash value of any dividend additions or accumulation; less
3. an amount equal to Loan Interest from the Loan date to the next Anniversary.

**LOAN INTEREST.** A Loan will bear annual accrual interest at a compound rate of 8.0% per year. Interest will be due each year on the contract Anniversary. Interest due on the Anniversary first following the Loan date will be determined from the Loan date. If not paid when due, the Interest will be added to the Debt and become a part thereof.

**DEFERRAL.** We may defer granting a Loan for a period not to exceed 6 months from the date We receive Your Loan request. Loan Interest will not be charged during a deferral period. We will not defer a Loan made solely for payment of a premium due Us.

**REPAYMENT.** Debt may be repaid at any time: (1) during the lifetime of the Insured; and (2) while this contract is in full force and effect. Payment may be in whole or in part. Debt will be repaid automatically as a part of the payment of any Death Benefit or any settlement of this contract.

**TERMINATION.** We may terminate this contract when Debt equals or exceeds:

1. the contract cash value determined from the table on page 4; plus
2. the cash value of any dividend additions or accumulation.

We will send notice of any such termination to You and any assignee of record at Our last address of record and not less than 30 days prior to the termination date. The notice will include the minimum payment amount required to continue this contract in force.

## THE CONTRACT

**ENTIRE CONTRACT.** The entire contract, between You and Us, will consist of:

1. this contract, including the attached copy of the Application;
2. any later attached copy of an application for: reinstatement, addition of a Rider or contract change;
3. any Amendment, Endorsement or Rider attached to this contract; and
4. Our Charter, Constitution and Bylaws. These documents will govern and control this contract at all times. Any duly enacted change, addition or amendment of the documents, which is effective after the Date of Issue, will: (1) be binding and will govern and control this contract thereafter; and (2) not reduce or destroy any benefit provided by this contract on its Date of Issue.

**REPRESENTATIONS.** We consider all statements made in the Application as representations and not warranties.

**INCONTESTABLE.** Except as set forth below, we will not contest this contract after it has been in force during the lifetime of the Insured for a period of two years from its Date of Issue. No statement other than a material misstatement in the Application will be used to contest this contract. We may contest this contract for non-payment of premium at any time.

We may contest a material misstatement in any application for reinstatement, contract change or addition of a Rider for a period of two years from the date of reinstatement, contract change or Rider addition.

**MODIFICATION OR CHANGE.** You may modify or change this contract only with the written consent of Our President or Secretary. No agent or other person has authority to either modify or change this contract or waive any of the contract terms or provisions.

**INCORRECT AGE OR SEX.** We may adjust the benefits provided by this contract at any time, if the Insured's date of birth or sex is not correctly stated in the Application. The adjusted benefits will be:

1. as provided by the premium paid at the correct date of birth or sex; and
2. determined from the rate table used for this contract on its Date of Issue.

**MAINTENANCE OF SOLVENCY.** We may not change the benefits or premium for this contract. Should an emergency arise which will impair Our solvency, We will determine a fair share of the deficiency, if any, for this contract, in accordance with applicable law. You will not be personally responsible for the share as the share will be against the equity of this contract.

You may pay the share of the deficiency in cash. If not paid, the share will:

1. stand as a lien against this contract;
2. bear compound interest at an annual rate of not more than 5.0% per year; and
3. be deducted from any benefit payable.

In lieu of or in combination with the lien, You may request a reduction in benefits proportionate to the amount of the lien.

## **RIGHTS, PRIVILEGES AND RESPONSIBILITIES**

**MEMBERSHIP.** The rights, privileges and responsibilities of Our members are stated in Our Charter, Constitution and Bylaws. Such are:

1. personal to Our members;
2. not subject to transfer or assignment; and
3. separate from contract ownership.

**CHANGE OF BENEFICIARY.** You may change the Beneficiary by Notice. An irrevocable Beneficiary must consent to any later change. A change may be made:

1. during the lifetime of the Insured; and
2. while this contract is in full force and effect.

Any benefit paid or action taken prior to Our receipt of Notice will not be affected. Upon Our receipt, the Notice will be effective on the later of:

1. the Notice signing date; or
2. the date, if any, You requested in the Notice.

**DEATH OF BENEFICIARY.** Unless You provide otherwise, the interest of a Beneficiary in this contract ends at his or her death when death occurs prior to the death of the Insured.

**CHANGE OF OWNER.** You may, at any time during the lifetime of the Insured, by Notice:

1. name a new contract owner; or
2. when You are other than the Insured, name or change a designee to become owner in the event of Your death prior to that of the Insured. In the absence of a designee, the Insured will become the owner in the event of Your prior death.

Any benefit paid or action taken prior to Our receipt of Notice will not be affected. Upon Our receipt of Notice, the Notice will be effective on the later of:

1. the Notice signing date; or
2. the date, if any, You requested in the Notice.

**ASSIGNMENT.** You may assign, in writing, all or specific rights or benefits in this contract. An assignment will not take effect until it is filed with Us. When so filed, it will be effective as of its signing date. We assume no responsibility for the validity or effect of any assignment.

**GOVERNING LAW.** This contract is subject to the laws of the State in which it was delivered. If part of it does not follow the law, it will be treated as if it did. Such law, at all times, will govern Our and Your rights and responsibilities and those of all others who may make a claim against this contract.

\* \* \* \* \*



**ATTACH**  
Copy of the Application  
Any Amendment, Endorsement or Rider

First **Catholic** Slovak  
Ladies **Association**  
of the United States of America

**A Fraternal Benefit Society – Since 1892**

24950 Chagrin Boulevard, Beachwood, Ohio 44122  
Telephone: (216)464-8015

**WHOLE LIFE  
INSURANCE CONTRACT**

Death Benefit in the event of the death of the Insured while this contract is in force.  
Schedule of Benefits and Premiums and Maturity Date on page 3.  
Participating.

## NONFORFEITURE VALUES

The values in the following table are: (1) for each \$1,000 of Face Amount; and (2) at the end of years from the Date of Issue or, if an age is shown, on the Anniversary nearest the birthday on which the Insured attains the age. The values assume that all premiums due in the year have been paid. At any time during a contract year, values will be determined with due allowance for premiums paid or the time elapsed in the year. The values are exclusive of any dividends or Debt. The nonforfeiture factor (FACTOR) is for each \$1,000 of Face Amount. Values for years or ages not shown will be provided on request.

MORTALITY TABLE: 2001 CSO Male Nonsmoker Ultimate Mortality Table

Interest Rate: 4.5%

ISSUE AGE 26					ISSUE AGE 27				ISSUE AGE 28				ISSUE AGE 29				ISSUE AGE 30			
	CASH	PAID	-EXT.INS-		CASH	PAID	-EXT.INS-		CASH	PAID	-EXT.INS-		CASH	PAID	-EXT.INS-		CASH	PAID	-EXT.INS-	
YR	VALUES	UP	YRS	DAYS	VALUES	UP	YRS	DAYS	VALUES	UP	YRS	DAYS	VALUES	UP	YRS	DAYS	VALUES	UP	YRS	DAYS
1	7	56	8	16	7	54	8	13	8	59	9	62	8	57	8	346	8	55	8	245
2	23	175	24	77	24	176	23	352	25	177	23	221	26	177	23	62	27	177	22	239
3	40	294	32	337	41	290	32	6	43	293	31	174	44	288	30	182	46	290	29	316
4	57	403	37	331	59	401	37	15	62	406	36	158	64	403	35	177	67	406	34	288
5	75	510	41	298	78	510	40	355	81	510	40	30	84	509	39	59	88	513	38	160
6	94	615	45	6	98	617	44	66	102	618	43	111	106	618	42	140	110	616	41	157
7	114	718	47	308	118	715	46	293	123	717	45	342	128	717	45	9	133	717	44	27
8	135	818	50	226	140	816	49	214	146	818	48	266	151	814	47	223	157	814	46	241
9	156	909	53	271	163	913	53	3	169	911	51	332	176	912	51	8	183	913	50	25
10	179		--PAID UP--		186		--PAID UP--		194		--PAID UP--		201		--PAID UP--		209		--PAID UP--	
11	186				194				201				209				217			
12	194				201				209				217				226			
13	201				209				217				226				235			
14	209				217				226				235				244			
15	217				226				235				244				253			
16	226				235				244				253				262			
17	235				244				253				262				272			
18	244				253				262				272				283			
19	253				262				272				283				293			
20	262				272				283				293				304			
AGE																				
60	431		--PAID UP--		431		--PAID UP--		431		--PAID UP--		431		--PAID UP--		431		--PAID UP--	
65	503		--PAID UP--		503		--PAID UP--		503		--PAID UP--		503		--PAID UP--		503		--PAID UP--	
70	579		--PAID UP--		579		--PAID UP--		579		--PAID UP--		579		--PAID UP--		579		--PAID UP--	
121	1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--	
	YEARS		FACTOR		YEARS		FACTOR		YEARS		FACTOR		YEARS		FACTOR		YEARS		FACTOR	
	1-10		16.23400		1-10		16.84235		1-10		17.48138		1-10		18.15289		1-10		18.85733	

ISSUE AGE 31					ISSUE AGE 32				ISSUE AGE 33				ISSUE AGE 34				ISSUE AGE 35			
	CASH	PAID	-EXT.INS-		CASH	PAID	-EXT.INS-		CASH	PAID	-EXT.INS-		CASH	PAID	-EXT.INS-		CASH	PAID	-EXT.INS-	
YR	VALUES	UP	YRS	DAYS	VALUES	UP	YRS	DAYS	VALUES	UP	YRS	DAYS	VALUES	UP	YRS	DAYS	VALUES	UP	YRS	DAYS
1	9	59	9	124	9	57	8	334	9	55	8	172	9	53	8	5	10	56	8	93
2	28	177	22	31	29	176	21	170	30	175	20	299	31	174	20	50	33	178	19	308
3	48	291	29	67	50	292	28	167	52	292	27	255	54	291	26	336	56	291	26	42
4	69	402	33	287	72	404	33	7	75	404	32	80	78	405	31	142	81	404	30	197
5	91	510	37	164	95	512	36	238	99	513	35	298	103	514	34	349	107	514	34	24
6	114	615	40	164	119	617	39	228	124	619	38	281	129	619	37	321	134	619	36	350
7	139	721	43	98	144	718	42	90	150	720	41	134	156	720	40	164	162	720	39	182
8	164	818	45	313	170	816	44	299	177	817	43	336	184	817	42	358	191	817	42	2
9	190	912	49	15	197	909	47	349	205	911	47	21	213	911	46	36	221	910	45	31
10	217		--PAID UP--		226		--PAID UP--		235		--PAID UP--		244		--PAID UP--		253		--PAID UP--	
11	226				235				244				253				262			
12	235				244				253				262				272			
13	244				253				262				272				283			
14	253				262				272				283				293			
15	262				272				283				293				304			
16	272				283				293				304				315			
17	283				293				304				315				327			
18	293				304				315				327				339			
19	304				315				327				339				351			
20	315				327				339				351				364			
AGE																				
60	431		--PAID UP--		431		--PAID UP--		431		--PAID UP--		431		--PAID UP--		431		--PAID UP--	
65	503		--PAID UP--		503		--PAID UP--		503		--PAID UP--		503		--PAID UP--		503		--PAID UP--	
70	579		--PAID UP--		579		--PAID UP--		579		--PAID UP--		579		--PAID UP--		579		--PAID UP--	
121	1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--	
	YEARS		FACTOR		YEARS		FACTOR		YEARS		FACTOR		YEARS		FACTOR		YEARS		FACTOR	
	1-10		19.59641		1-10		20.37079		1-10		21.17856		1-10		22.02288		1-10		22.90471	

### 10 Pay Life

## SCHEDULE

**BENEFITS AND PREMIUMS.** The premium for each benefit listed is payable from the Date of Issue: (1) for the number of years shown; (2) to any date shown; or (3) to the Anniversary nearest the Insured's attainment of any age shown.

BENEFIT	AMOUNT	MODE PREMIUM	PAYABLE
Whole Life Insurance	\$10,000.00	\$161.10	Annually for 20 Years

### ADDITIONAL BENEFITS

FORM NO.	DESCRIPTION OF BENEFIT	ANNUAL CHARGE	YEARS PAYABLE
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**BENEFICIARY:** Jane Doe

**INSURED:** John Doe

**CONTRACT NUMBER:** Specimen

**AGE/SEX:** 35/Male

**FACE AMOUNT:** \$10,000.00

**PREMIUM CLASS:** Non Tobacco

**DATE OF ISSUE:** January 15, 2007

**PREMIUM MODE:** Annual

**MATURITY DATE:** 1/15/2093 Provided the Insured is then living, We will pay, in one sum: the then Face Amount; plus, any then dividend additions or accumulation; less, any Debt.

**BRANCH No.:** XXXXXX

**BRANCH LOCATION:** XXXXXX, XX

# NONFORFEITURE VALUES

The values in the following table are: (1) for each \$1,000 of Face Amount; and (2) at the end of years from the Date of Issue or, if an age is shown, on the Anniversary nearest the birthday on which the Insured attains the age. The values assume that all premiums due in the year have been paid. At any time during a contract year, values will be determined with due allowance for premiums paid or the time elapsed in the year. The values are exclusive of any dividends or Debt. The nonforfeiture factor (FACTOR) is for each \$1,000 of Face Amount. Values for years or ages not shown will be provided on request.

MORTALITY TABLE: 2001 CSO Mortality Tables

Interest Rate: 4.5%

ISSUE AGE 26					ISSUE AGE 27					ISSUE AGE 28					ISSUE AGE 29					ISSUE AGE 30				
YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS
1	1	8	0	349	1	8	0	356	1	8	0	363	1	8	1	1	1	7	1	5				
2	10	77	11	294	10	74	11	188	11	78	12	79	11	75	11	269	12	79	12	35				
3	19	140	20	13	20	142	19	352	21	143	19	288	22	144	19	190	23	145	19	64				
4	29	205	26	28	30	204	25	166	32	210	25	100	33	208	24	194	35	212	24	73				
5	40	272	30	85	41	269	29	113	43	271	28	276	45	273	28	54	47	274	27	177				
6	51	334	32	381	53	334	32	74	55	333	31	141	57	332	30	198	60	336	29	346				
7	62	391	34	332	65	394	34	88	67	391	33	97	70	392	32	190	73	394	31	272				
8	74	448	36	239	77	449	35	300	80	448	34	349	84	453	34	105	87	451	33	132				
9	86	501	37	359	90	504	37	85	94	507	36	182	98	508	35	226	101	504	34	210				
10	99	555	39	58	103	555	38	102	108	560	37	204	112	559	38	224	117	562	35	301				
11	113	609	40	93	117	607	39	93	122	609	38	151	127	609	37	197	132	609	36	231				
12	127	659	41	35	132	658	40	63	137	657	39	79	143	660	38	144	149	662	37	196				
13	142	708	41	329	147	705	40	317	153	708	39	355	159	708	39	17	166	710	38	87				
14	157	753	42	196	163	753	41	207	170	755	40	284	176	753	39	254	183	753	38	289				
15	173	799	43	83	180	800	42	116	187	800	41	136	194	799	40	145	201	797	39	144				
16	189	840	43	310	197	842	43	1	205	844	42	44	212	840	41	13	220	840	40	31				
17	207	885	44	306	215	885	43	321	223	884	42	321	231	882	41	309	240	883	40	344				
18	225	926	45	362	233	924	44	325	242	924	43	350	251	924	42	356	260	922	41	344				
19	243	963	47	275	252	962	46	257	262	964	45	329	272	965	44	363	282	964	43	356				
20	282	--PAID UP--			272	--PAID UP--			283	--PAID UP--			293	--PAID UP--			304	--PAID UP--						
AGE																								
60	431	--PAID UP--			431	--PAID UP--			431	--PAID UP--			431	--PAID UP--			431	--PAID UP--						
65	503	--PAID UP--			503	--PAID UP--			503	--PAID UP--			503	--PAID UP--			503	--PAID UP--						
70	579	--PAID UP--			579	--PAID UP--			579	--PAID UP--			579	--PAID UP--			579	--PAID UP--						
121	1000	--MATURED--			1000	--MATURED--			1000	--MATURED--			1000	--MATURED--			1000	--MATURED--						
	YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR						
	1-20	9.92158			1-20	10.29572			1-20	10.68934			1-20	11.10364			1-20	11.53898						

ISSUE AGE 31					ISSUE AGE 32					ISSUE AGE 33					ISSUE AGE 34					ISSUE AGE 35				
YR	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	DAYS
1	1	7	1	5	1	7	0	359	1	7	0	352	1	6	0	343	1	6	0	325				
2	12	76	11	176	12	73	10	319	13	76	10	343	13	73	10	98	14	76	10	78				
3	24	146	18	281	25	146	18	112	26	146	17	293	27	146	17	97	28	146	16	255				
4	36	210	23	143	37	208	22	207	39	211	22	40	41	213	21	217	42	210	20	267				
5	49	275	26	287	51	275	26	22	53	275	25	109	55	275	24	192	57	274	23	269				
6	62	334	29	19	65	337	28	138	67	334	27	163	70	336	26	267	73	337	25	361				
7	76	394	30	343	79	394	30	41	82	394	29	96	85	393	28	144	89	396	27	257				
8	90	449	32	153	94	451	31	240	98	453	30	316	101	449	29	319	105	449	29	18				
9	105	504	33	257	110	508	32	359	114	507	32	23	118	505	31	48	123	507	30	123				
10	121	559	34	304	126	560	33	360	131	560	33	43	136	560	32	85	141	559	31	121				
11	137	609	35	257	143	612	34	331	148	609	33	342	154	611	33	34	159	607	32	38				
12	154	659	36	185	160	659	35	221	166	658	34	250	172	657	33	273	179	659	32	335				
13	172	708	37	94	178	706	36	96	185	707	35	139	192	707	34	174	199	706	33	201				
14	190	753	37	314	197	752	36	331	205	755	36	22	212	752	35	23	220	752	34	57				
15	209	798	38	187	217	799	37	218	225	798	36	239	233	797	35	248	242	798	34	286				
16	229	843	39	92	237	841	38	86	246	841	37	116	255	841	36	130	264	839	35	132				
17	249	883	39	364	258	882	39	1	268	883	38	41	278	884	37	63	286	883	36	70				
18	270	923	41	14	280	923	40	25	291	925	39	82	301	922	38	49	312	922	37	65				
19	292	963	42	311	303	963	41	335	314	962	40	327	326	964	40	22	338	964	39	56				
20	315	--PAID UP--			327	--PAID UP--			339	--PAID UP--			351	--PAID UP--			364	--PAID UP--						
AGE																								
60	431	--PAID UP--			431	--PAID UP--			431	--PAID UP--			431	--PAID UP--			431	--PAID UP--						
65	503	--PAID UP--			503	--PAID UP--			503	--PAID UP--			503	--PAID UP--			503	--PAID UP--						
70	579	--PAID UP--			579	--PAID UP--			579	--PAID UP--			579	--PAID UP--			579	--PAID UP--						
121	1000	--MATURED--			1000	--MATURED--			1000	--MATURED--			1000	--MATURED--			1000	--MATURED--						
	YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR						
	1-20	11.99653			1-20	12.47678			1-20	12.97872			1-20	13.50442			1-20	14.05468						

20 Pay Life

Male Nonsmoker (26-35)



## SCHEDULE

**BENEFITS AND PREMIUMS.** The premium for each benefit listed is payable from the Date of Issue: (1) for the number of years shown; (2) to any date shown; or (3) to the Anniversary nearest the Insured's attainment of any age shown.

BENEFIT	AMOUNT	MODE PREMIUM	PAYABLE
Whole Life Insurance	\$10,000.00	\$138.40	Annually to Age 85

## ADDITIONAL BENEFITS

FORM NO.	DESCRIPTION OF BENEFIT	ANNUAL CHARGE	YEARS PAYABLE
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### BENEFICIARY:

INSURED: John Doe  
AGE/SEX: 35/Male  
PREMIUM CLASS: Non Tobacco  
PREMIUM MODE: Annual

CONTRACT NUMBER: Specimen  
FACE AMOUNT: \$10,000.00  
DATE OF ISSUE: January 15, 2007

MATURITY DATE: 1/15/2093 Provided the Insured is then living, We will pay, in one sum: the then Face Amount; plus, any then dividend additions or accumulation; less, any Debt.

BRANCH No.: XXXXXX

BRANCH LOCATION: XXXXXX, XX

# NONFORFEITURE VALUES

The values in the following table are: (1) for each \$1,000 of Face Amount; and (2) at the end of years from the Date of Issue or, if an age is shown, on the Anniversary nearest the birthday on which the Insured attains the age. The values assume that all premiums due in the year have been paid. At any time during a contract year, values will be determined with due allowance for premiums paid or the time elapsed in the year. The values are exclusive of any dividends or Debt. The nonforfeiture factor (FACTOR) is for each \$1,000 of Face Amount. Values for years or ages not shown will be provided on request.

MORTALITY TABLE: 2001 CSO Mortality Tables

Interest Rate: 4.5%

ISSUE AGE 26					ISSUE AGE 27					ISSUE AGE 28					ISSUE AGE 29					ISSUE AGE 30					
YR	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	
1	1	8	0	349	1	8	0	356	1	8	0	363	1	8	1	1	1	7	1	5					
2	6	46	6	276	6	44	6	267	7	50	7	295	7	48	7	217	7	46	7	120					
3	12	88	13	264	12	85	13	81	13	89	13	208	14	92	13	267	15	95	13	273					
4	18	128	18	141	19	130	18	111	20	131	18	49	21	133	17	321	22	134	17	206					
5	24	164	21	323	26	170	22	27	27	170	21	196	28	170	20	355	30	175	20	299					
6	31	203	24	286	32	202	24	27	34	206	23	281	36	210	23	143	38	213	22	349					
7	38	240	26	269	40	243	26	96	42	245	25	266	44	247	25	52	46	248	24	187					
8	45	273	28	54	47	274	27	177	50	280	27	36	52	281	26	127	55	285	25	309					
9	53	309	29	138	55	308	28	207	58	313	28	5	61	317	27	145	64	319	26	274					
10	60	338	29	346	63	340	29	110	67	348	28	313	70	349	28	48	73	351	27	138					
11	69	372	30	287	72	374	30	10	75	374	29	88	79	379	28	234	83	383	28	2					
12	77	399	31	60	81	404	30	197	85	408	29	320	89	411	29	63	93	413	28	161					
13	86	429	31	217	90	432	30	320	94	434	30	45	99	440	29	190	103	441	28	260					
14	95	456	31	311	100	462	31	84	104	462	30	143	109	466	29	256	114	469	28	360					
15	104	480	31	344	109	484	31	87	114	488	30	183	120	494	29	326	125	496	29	38					
16	114	507	32	23	120	513	31	160	125	515	30	231	131	520	29	347	136	520	29	39					
17	124	530	32	21	130	535	31	133	136	539	30	235	142	543	29	328	148	545	29	48					
18	135	556	32	32	141	559	31	121	147	562	30	202	154	567	29	321	160	568	29	20					
19	146	579	32	6	152	581	31	74	159	585	30	181	166	589	29	277	173	592	28	359					
20	157	600	31	310	163	600	30	360	171	607	30	124	178	609	29	196	186	613	28	296					
AGE																									
60	351	817	26	145	347	807	26	31	344	800	25	314	340	791	25	207	336	782	25	100					
65	435	866	23	283	432	860	23	205	429	854	23	128	426	848	23	51	422	840	22	318					
70	524	907	21	43	521	902	20	328	519	898	20	280	516	893	20	207	513	888	20	134					
121	1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--						
	YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR							
	1-59	8.42123			1-58	8.70038			1-57	8.99683			1-56	7.31190			1-55	7.64641							

ISSUE AGE 31					ISSUE AGE 32					ISSUE AGE 33					ISSUE AGE 34					ISSUE AGE 35					
YR	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	CASH VALUES	PAID UP	-EXT.INS- YRS	-EXT.INS- DAYS	
1	1	7	1	5	1	7	0	359	1	7	0	352	1	6	0	343	1	6	0	325					
2	8	51	7	360	8	49	7	220	9	53	8	5	9	51	7	194	9	49	7	24					
3	15	91	13	2	16	94	12	324	17	96	12	263	18	97	12	191	18	94	11	270					
4	23	134	17	70	24	135	16	278	25	135	16	109	27	140	16	94	28	140	15	258					
5	31	174	20	50	33	178	19	308	34	177	19	40	36	180	18	263	38	183	18	105					
6	40	216	22	170	42	218	21	342	44	220	21	134	46	221	20	282	48	222	20	55					
7	48	249	23	311	51	255	23	162	53	255	22	263	56	259	22	81	58	258	21	165					
8	57	285	25	17	60	288	24	169	63	291	23	310	66	294	23	75	69	295	22	196					
9	67	322	26	27	70	323	25	132	73	325	24	231	77	330	24	29	80	330	23	115					
10	77	356	26	294	80	356	26	2	84	359	25	136	88	363	24	283	92	365	24	18					
11	87	387	27	121	91	389	26	231	95	391	25	335	99	393	25	87	103	394	24	161					
12	97	415	27	251	102	420	27	30	106	420	26	105	111	424	25	232	116	427	24	352					
13	108	445	28	19	113	448	27	130	118	451	26	235	123	453	25	334	128	454	25	60					
14	119	472	28	88	124	474	27	176	130	479	26	305	135	479	26	15	141	482	25	122					
15	131	501	28	159	136	501	27	223	142	504	26	328	148	506	26	55	155	511	25	176					
16	142	523	28	137	148	525	27	227	155	530	26	348	162	534	26	90	169	537	25	186					
17	154	547	28	124	161	551	27	232	168	554	26	327	175	558	26	47	183	561	25	158					
18	167	571	28	114	174	574	27	197	182	579	26	307	190	582	26	41	198	585	25	132					
19	180	594	28	65	188	598	27	163	196	601	26	251	204	603	25	332	213	608	25	73					
20	194	617	28	18	202	619	27	95	211	624	26	198	219	625	25	262	228	628	24	352					
AGE																									
60	331	770	24	333	327	761	24	232	322	749	24	104	317	738	23	343	311	724	23	197					
65	418	832	22	225	414	824	22	131	410	817	22	38	406	809	21	314	401	799	21	206					
70	510	883	20	61	507	877	19	355	503	871	19	270	500	865	19	207	496	858	19	122					
121	1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--		1000		--MATURED--						
	YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR			YEARS	FACTOR							
	1-54	8.00176			1-53	8.37899			1-52	8.77813			1-51	9.20139			1-50	9.65014							

Life Paid Up at 85  
Male Nonsmoker (26-35)

<i>SERFF Tracking Number:</i>	<i>BBLB-125822879</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Catholic Slovak Ladies Association of the</i>	<i>State Tracking Number:</i>	<i>40297</i>
	<i>United States of America</i>		
<i>Company Tracking Number:</i>	<i>FCSLA/01WL05</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single</i>
			<i>Life</i>
<i>Product Name:</i>	<i>01-WL-05</i>		
<i>Project Name/Number:</i>	<i>FCSLA/01WL05/FCSLA/01WL05</i>		

## Rate Information

Rate data does NOT apply to filing.



SERFF Tracking Number: BBLB-125822879 State: Arkansas  
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40297  
Company Tracking Number: FCSLA/01WL05  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: 01-WL-05  
Project Name/Number: FCSLA/01WL05/FCSLA/01WL05

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 09/18/2008  
**Comments:**  
**Attachment:**  
01-WL-05 Readability Cert.pdf

**Review Status:**  
**Satisfied -Name:** Application 09/18/2008  
**Comments:**  
**Attachment:**  
FCSLA App-2005-AR.pdf

**Review Status:**  
**Satisfied -Name:** Authorization 09/18/2008  
**Comments:**  
**Attachment:**  
FCSLA Authoriztion.pdf

**Review Status:**  
**Satisfied -Name:** Statement of Variability 09/18/2008  
**Comments:**  
**Attachment:**  
Statement of Variability.pdf

**Review Status:**  
**Satisfied -Name:** Required Certifications 10/06/2008  
**Comments:**  
**Attachments:**  
Rule Certification.pdf  
Code and Bulletin Compliance.pdf

# READABILITY CERTIFICATION

A. Form

Form No.

Whole Life Insurance Contract

01-WL-05

☐ Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

☒ Score shown in D, below, is for the form listed.

B. ☒ Test applied to entire form.

☐ Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

All Forms

☒ the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

☒ the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

☒ the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

☒ the section titles are captioned in bold face or otherwise stand out significantly from the text.

☒ unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

Policy Forms Only

☒ the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

☒ a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 64.8

Number of:

Ratio of:

Sentences: 315

Words to Sentences: 12.898

Words: 4,063

Syllables to Words: 1,524

Syllables: 6,193

Bruce and Bruce Company

Consulting Actuaries for First Catholic Slovak Ladies Association of the United States of America

By 

Date August 9, 2007

A Fraternal Benefit Society 24950 Chagrin Boulevard, Beachwood, OH 44122 1-800-464-4642

Is the applicant a member of the First Catholic Slovak Ladies Association? Yes \_\_\_\_\_ No \_\_\_\_\_. If not, apply for membership.

Branch # \_\_\_\_\_ Location \_\_\_\_\_ Certificate # \_\_\_\_\_

**1. Proposed Insured**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Maiden Name if Female: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_  
Place of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. Plan of Insurance, Benefits, and Riders**

Plan Name/Type: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
Additional Benefits/Riders: \_\_\_\_\_ Amount Paid with Application: \$ \_\_\_\_\_  
Mode: \_\_\_\_ Annual \_\_\_\_ Semi-Annual \_\_\_\_ Quarterly \_\_\_\_ Monthly \_\_\_\_ Single Modal Premium: \$ \_\_\_\_\_  
**CERTIFICATE TO BE DATED:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Automatic Premium Loan? \_\_\_\_ Yes \_\_\_\_ No  
Dividend option, if participating: (check one)  
\_\_\_\_ Purchase Dividend Additions \_\_\_\_ Accumulate \_\_\_\_ Cash \_\_\_\_ Reduce Premium

**3. Owner Information (If other than Proposed Insured)**

Name: \_\_\_\_\_ Relationship to Proposed Insured: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_

**4. Beneficiary Designation (If more space is needed use an additional sheet. Date, sign and attach to this application.)**

Name	Relationship to Proposed Insured	Date of Birth	Social Security #	Share
Primary:				
Contingent:				

**5. Existing Life Insurance Information**

Other Life Insurance in force? \_\_\_\_ Yes \_\_\_\_ No If Yes, total amount: \$ \_\_\_\_\_  
Are other applications pending with any insurer? \_\_\_\_ Yes \_\_\_\_ No  
Will this application change or replace any existing life insurance or annuity? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, List the insurer and the policy number. \_\_\_\_\_

**6. Health History, Current Health, Personal Physician Information**

a) Has the Proposed Insured used tobacco in any form during the past 12 months? \_\_\_\_ Yes \_\_\_\_ No

b) In the last five years, has the Proposed Insured received, or is the Proposed Insured now receiving, medical or surgical care or treatment for: cancer, tumor or malignancy; diabetes, heart or circulatory disease or disorder; high blood pressure; alcohol or drug abuse; enlarged lymph nodes; stroke; epilepsy, mental or nervous disease or disorder; or, disease of the blood, kidneys, liver, lung, stomach or intestines? \_\_\_\_ Yes \_\_\_\_ No

c) Has the Proposed Insured ever been treated or diagnosed by a physician for Acquired Immune Deficiency Syndrome (AIDS); Aids Related Complex (ARC); or positive HIV test? \_\_\_\_ Yes \_\_\_\_ No

If 'Yes' to any item(s) above, circle condition(s) and give details, including dates and name, address & phone number of each doctor. If additional space is needed, use a separate sheet. Date, sign and attach to this application.

d) To the best of your knowledge and belief, is the Proposed Insured now in good health and free from any defect or impairment? \_\_\_\_ Yes \_\_\_\_ No

If 'No', list details. If additional space is needed, use a separate sheet. Date, sign and attach to this application.

**FRAUD WARNING**

Any person who knowingly or with intent to defraud presents a false or fraudulent claim for payment of a loss or benefit or knowingly or with intent to defraud presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Having read the preceding statements and answers, I represent that they are true and complete to the best of my knowledge and belief. I understand that this application shall be the basis for and a part of any contract issued; and no agent or person other than an executive officer of the Association may; change or modify any of the printed statements included herein; or, waive any of the Association's rights or requirements.

It is understood and agreed, no insurance shall take effect unless and until: this application is approved at our Home Office; a contract is issued, delivered to and accepted by its owner; and, the first full premium for the contract is paid. All such must occur while the health and other factors affecting the insurability of the Proposed Insured remain as described in this application.

Signed at: City, State

Date

**Proposed Insured's Signature**

(Parent or Guardian if Applicant is under age 16)

**Proposed Owner's Signature** (If other than Proposed Insured)

**Agent/Witness Signature**

**License ID#**

**Agent/Witness Printed Name**

**License ID#**

**MEDICAL INFORMATION BUREAU**

**Notice to Applicant**

**(MIB)**

Information regarding your insurability will be treated as confidential. The First Catholic Slovak Ladies Association of the USA or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

The First Catholic Slovak Ladies Association of the USA or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**AUTHORIZATION**

**I AUTHORIZE** any of the following that have any records or information regarding the Proposed Insured, including driving records or controlled substance or alcohol abuse, to provide such records or information to The First Catholic Slovak Ladies Association of the USA, its legal representative(s), or its reinsurer(s): (1) any licensed physician or medical practitioner; (2) any hospital or clinic, medical or medically related facility; or (3) the Medical Information Bureau, consumer reporting agency or other such organization, insurer or reinsurer, employer, institution, government agency or person.

**I UNDERSTAND THAT:** (1) on request, I may receive a copy of this authorization; and (2) the information obtained by use of this authorization will be used: (a) to determine the eligibility of the Proposed Insured for insurance, or (b) to determine eligibility for benefits in the event of a claim.

**I AGREE** that this authorization, or a copy, shall be valid for a period of 24 months from the date shown below.

\_\_\_\_\_  
*Printed Name of Proposed Insured*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Proposed Insured (Parent or Guardian if Applicant is under age 16)*

\_\_\_\_\_  
*Agent/Witness*

**Fieldworker/Recommender's Interrogatory**

To the best of your knowledge and belief, will the insurance now applied for replace or change any insurance or annuity? \_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_  
*Signature of Fieldworker/Recommender/Agent      License ID#*

\_\_\_\_\_  
*Fieldworker/Recommender/Agent   Printed Name      License ID#*

**Office of the Medical Examiner**

Instructions:

I hereby approve this application.

\_\_\_\_\_  
FCSLA Medical Examiner

\_\_\_\_\_  
Date

Certificate Mailed to: \_\_\_\_Branch \_\_\_\_Owner \_\_\_\_Insured \_\_\_\_Other:\_\_\_\_\_

Date Mailed: \_\_\_\_\_ By:\_\_\_\_\_

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION**  
**of the United States of America**  
A Fraternal Benefit Society  
Cleveland, Ohio 44122

**AUTHORIZATION**

Bruce and Bruce Company, Consulting Actuaries, 916 Sherwood Drive, Lake Bluff, Illinois 60044-2284, is hereby authorized to file insurance and insurance related forms on behalf. of the First Catholic Slovak Ladies Association of the United States of America. Bruce and Bruce Company is also authorized to represent the First Catholic Slovak Ladies Association of the United States of America, by telephone, FAX or letter or email, in matters relating to such filings.

Date: June 16, 2008

Mary Ann Johaneċ  
National President

# **First Catholic Slovak Ladies Association of the United States of America**

## **Statement of Variability**

### **Form 01-WL-05**

#### Page 1 (Cover Page):

The address and phone number may change if the Society moves its Home Office.

The names of the Officers may change if the Society elects new officers.

#### Page 3:

The Amount of insurance and The Mode Premium are elected by the applicant. The Minimum Amount of insurance will not be less than \$1,000. The maximum Amount of insurance will be determined by Underwriting.

The additional benefit information will change, based on the Riders, if any, the applicant elects.

The Beneficiary is designated by the applicant in the application.

The Insured information is based on the information in the application.

The Branch No. and Branch location are based on the location of the insured.

The Contract Number is assigned by the Society Home Office.

The Maturity Date is the contract anniversary for the Insured age 121.

#### Last Page:

The address and phone number may change if the Society moves its Home Office.



First Catholic Slovak Ladies Association of the United States of America

Certification Regarding Rule 19 section 10B

On behalf of the First Catholic Slovak Ladies Association of the United States of America, I certify that the Forms submission meets the requirements of Rule 19 section 10B, as well as all applicable requirements of the Department.



October 6, 2008  
Date

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Authorized Consultant

First Catholic Slovak Ladies Association of the United States of America

Compliance with Arkansas Code 23-79-138 and Bulletin 6-87 and  
Bulletin 11-88

As a newly licensed Society in Arkansas, the First Catholic Slovak Ladies Association of the United States of America will comply with Arkansas Code 23-79-138 and Bulletin 6-87 and Bulletin 11-88 when it begins issuing policies in Arkansas.



October 6, 2008  
Date

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Authorized Consultant